

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

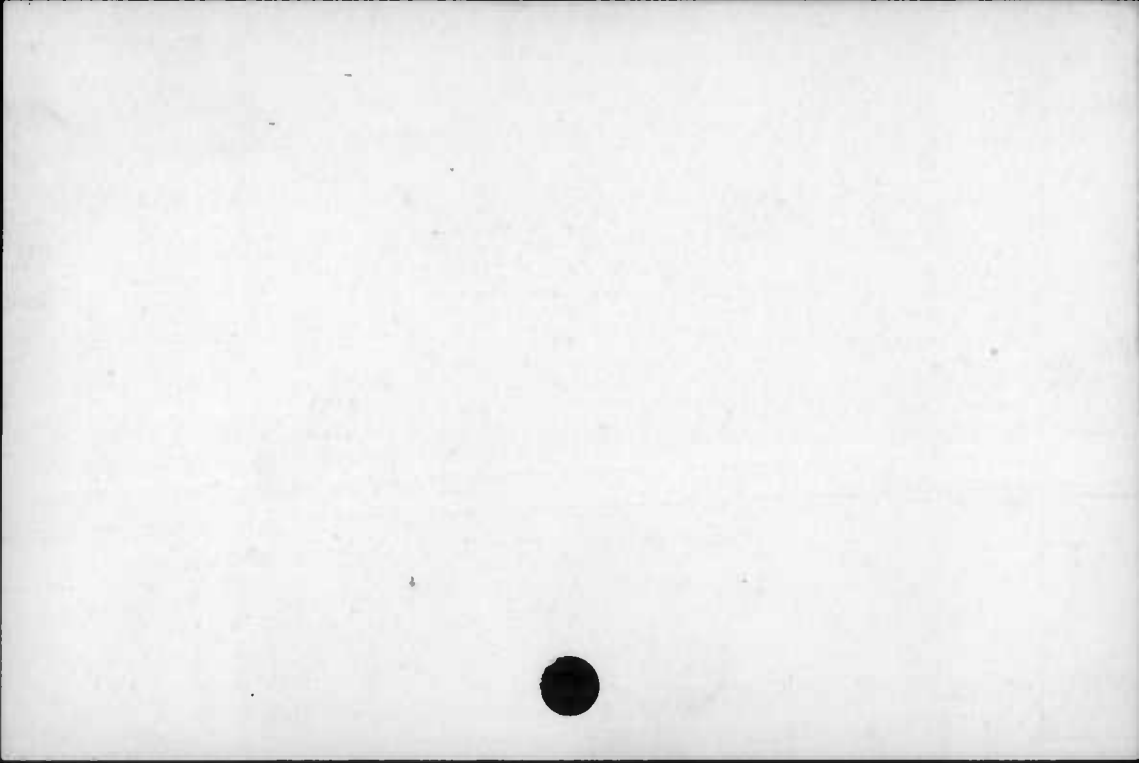
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		7	30	73	6		
Sex		Color or Race		Birthplace			
Male		Colored		Ma Grant			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Single		Margaret Acworth					
Father's Name		Father's Birthplace					
Lithley Hughes		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Susan Hughes							
Name of person giving information		How related to deceased					
Luc Acworth		Son					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	10 days
Immediate	Heart failure	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. H. Lyndel, M.D.	
		Address	
		Dorchester	
		Ma	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marrison Austin

Town

County

Wicomico

MARYLAND

Died at

Date

of death 1908

Month

Sept.

Day

8th

Age

Years

18

Months

5

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Mt Vernon Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Isaac M. Austin

Father's
Birthplace

,,

,,

Mother's
Maiden Name

Annie Reed

Mother's
Birthplace

,,

,,

Name of person giving
Information

Mitchell W. Austin

How related
to deceased

CAUSES OF DEATH

1

Primary

Typhoid fever

How long

3 weeks

Immediate

General peritonitis from intestinal perforation

How long

12 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes, so

Signature of
Physician

Address

J. M. Austin

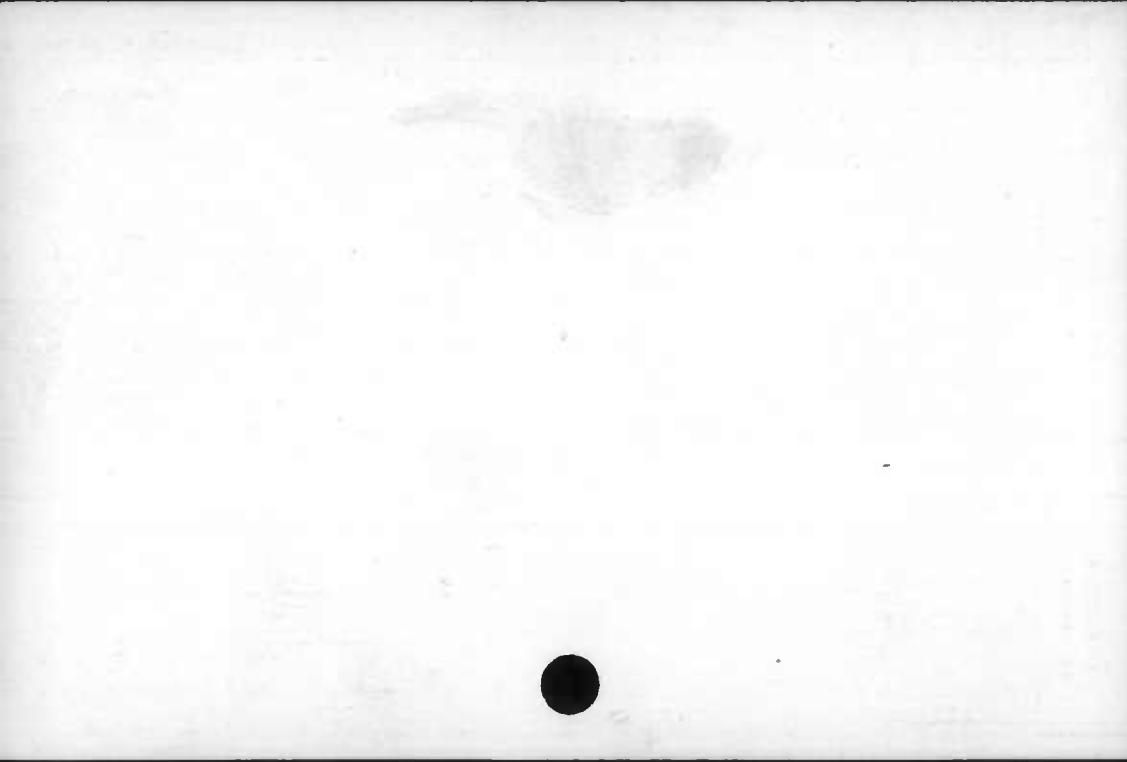
Salisbury, Md.

PHYSICIAN
OR CORONER

As far as I know

Accident or Suicide

No



Name
in
Full

Lammie Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Salisbury County Wicomico **MARYLAND**

Died at Salisbury

Date of death 190 8 Month Sept Day 23 Age 34 Years Months 12 Days

Sex Female Color or Race Colored Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband James Bishop

Father's Name Elisha Dixon Father's Birthplace Md

Mother's Maiden Name Annie Porter Mother's Birthplace Md

Name of person giving Information Hammonie Birckhead How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 27 Several Months

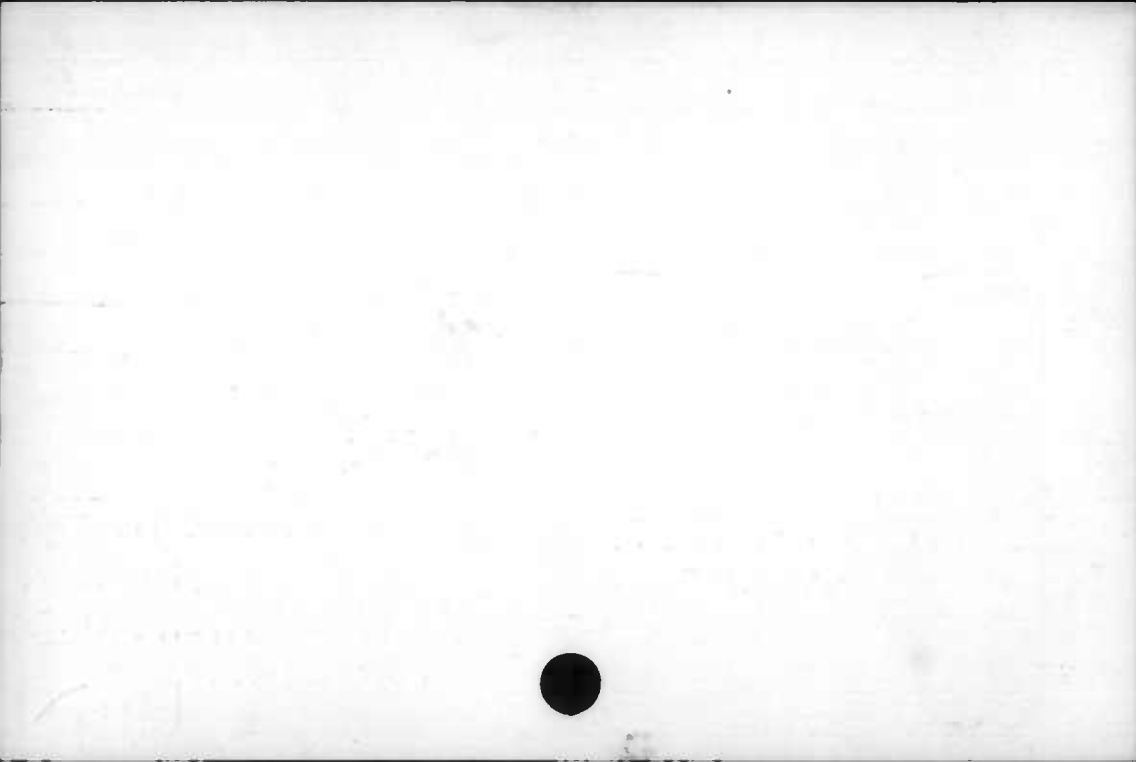
Immediate Drainage How long Several Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. M. Stearns M.D.

Address Salisbury

Accident or Suicide No



Name
in
Full

Alfonso Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Schmar Town Sticovic County

Date of death 1908 Sept 28 Age 8 Years 8 Months 8 Days

Sex Female Color or Race Black Birthplace Schmar

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameHoward JacksonFather's
BirthplaceSchmarMother's
Maiden NameLillian BrownMother's
Birthplace"Name of person giving
Information"How related
to deceasedMother

CAUSES OF DEATH

150

E

Hydrocephalus
Constitution

How long

Eight months

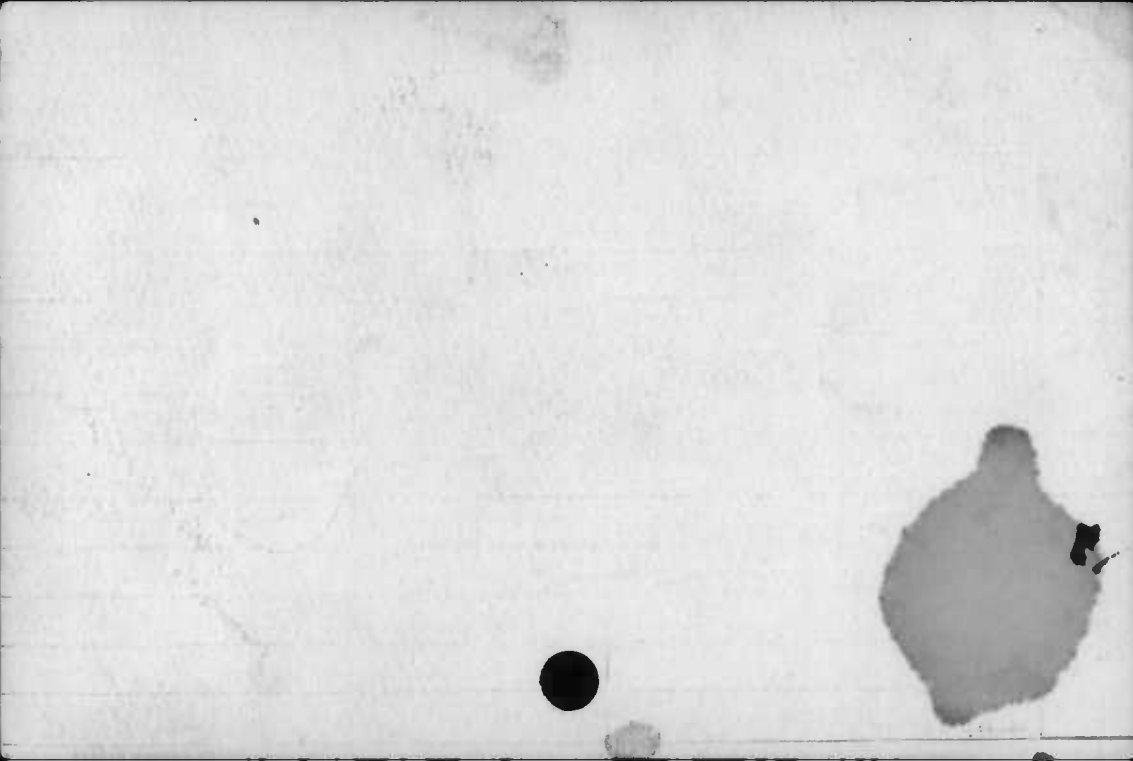
How long

Two weeksSex, color, date
correctly given above?Signature of
Physician

Address

James Brayshaw
Schmar Delaware

Accident or Suicide?



Name
In
Full

Cora F. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Maryland*

Town

Wicomico

County

MARYLAND

Date
of death *1908*Month *9*Day *18*Age *One*

Years

Months *-*Days *-*Sex *Female*Color or
Race*white*Birth-
place*Ind*

Occupation

*--*Where Residing if not
at place of death*"*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Levin B. Brown*Father's
Birthplace*"*Mother's
Maiden Name*Amie W. Horseman*Mother's
Birthplace*"*Name of person giving
In formation*Levin W. Brown*How related
to deceased*Father*

CAUSES OF DEATH

109PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 months

Immediate

Perforation of bowels

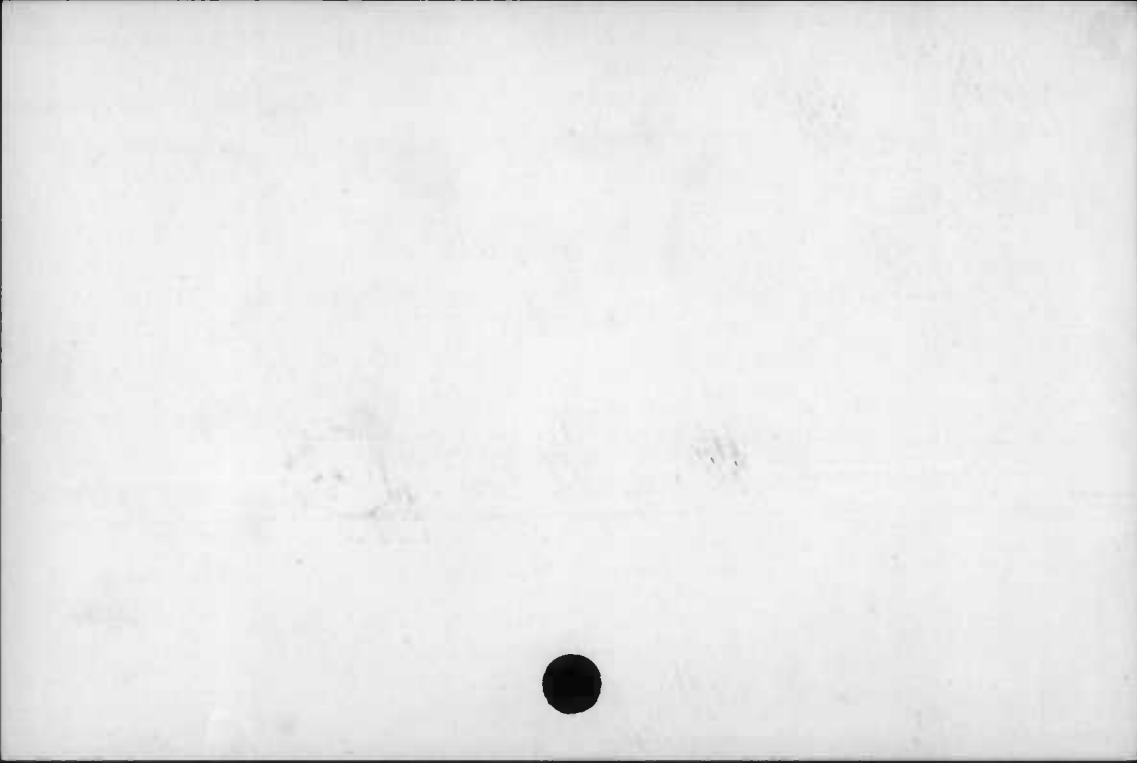
How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*YES*Signature of
Physician*Louis J. Wilson M.D.*

Address

Mardel Springs Md.

Accident or Suicide?



Name
in
Full

Clarence W Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	<i>Sept</i>	Day	<i>27</i>
Age	<i>7</i>	Years	<i>8</i>	Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>New Jersey</i>
Occupation	<i>School boy</i>		Where Residing if not at place of death <i>Ocean City Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Benjamin L. Butler</i>			Father's Birthplace	<i>N J</i>
Mother's Maiden Name	<i>Julia Olson</i>			Mother's Birthplace	<i>Sweden</i>
Name of person giving Information	<i>Benjamin L. Butler</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Three weeks</i>	How long	<i>Three weeks</i>
Immediate	<i>Dysentery</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. L. Curtis</i>	
<i>James D. Curtis</i>		Address <i>Salisbury Md</i>	
Accident or Suicide			

Peritonitis

Name
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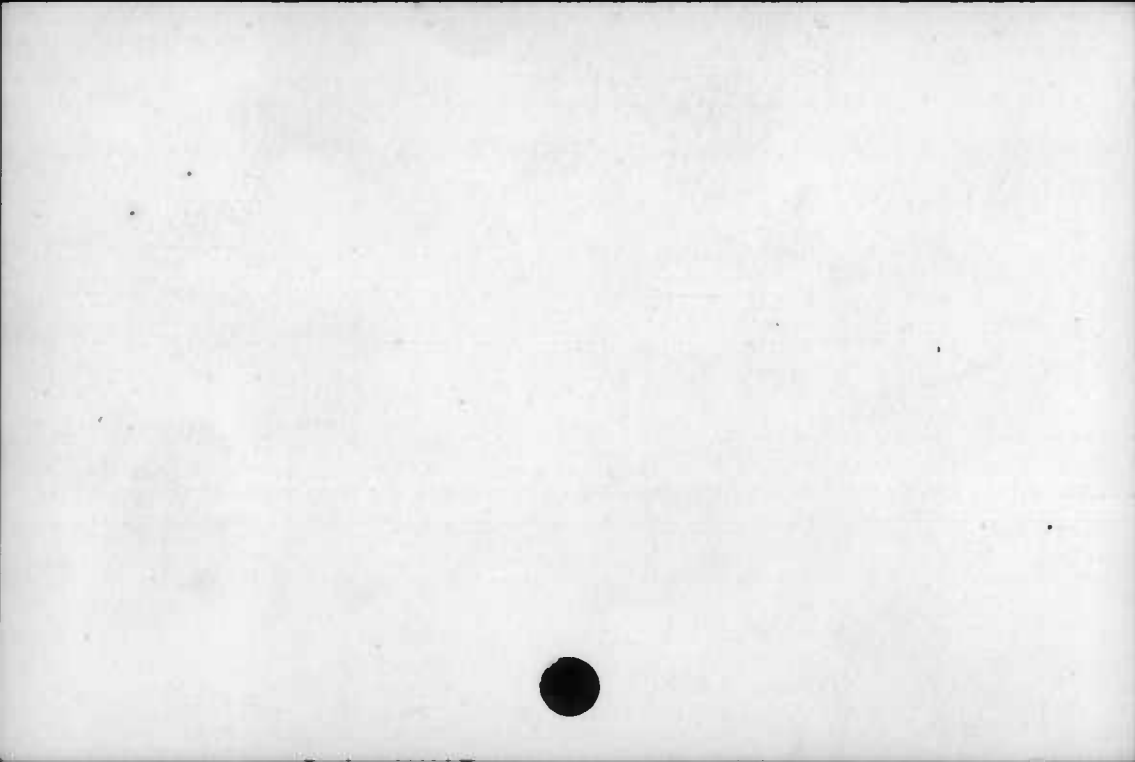
Died at <i>Mar Quantico</i>		Town <i>Viennia</i>		County		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>9</i>	Day	<i>Oct</i>	Age	<i>19</i>
Sex	<i>Female</i>		Color or Race	<i>Col.</i>		Birth-place	<i>Mar Quantico</i>
Occupation	<i>Housework</i>			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Charles Church</i>					Father's Birthplace	<i>Quantico</i>
Mother's Maiden Name	<i>Mary A.</i>					Mother's Birthplace	<i>Quantico</i>
Name of person giving information	<i>Chas. Church</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>6 weeks</i>
Immediate	<i>Pulmonary hemorrhage</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>J. H. Lynch</i>
		Address	<i>Quantico</i>
Accident or Suicide?	<i>No</i>		



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NEAREST FRIEND

Name *Mickey Collier* Town *Mar del* County *Micomico* MARYLAND

Died at *Mar del*

Date of death 1998 9 18 Age 70 Months Days

Sex *Female* Color or Race *Black* Birth-place *Md.*

Occupation *Lady* Where Residing if not at place of death *Md*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Perry Collier*

Father's Name *Dont - Know* Father's Birthplace *Md*

Mother's Maiden Name *Layne - Allen* Mother's Birthplace *Md*

Name of person giving information *Lynn Waller* How related to deceased *Friend*

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary *Landry's Paralysis* How long *3 Days*

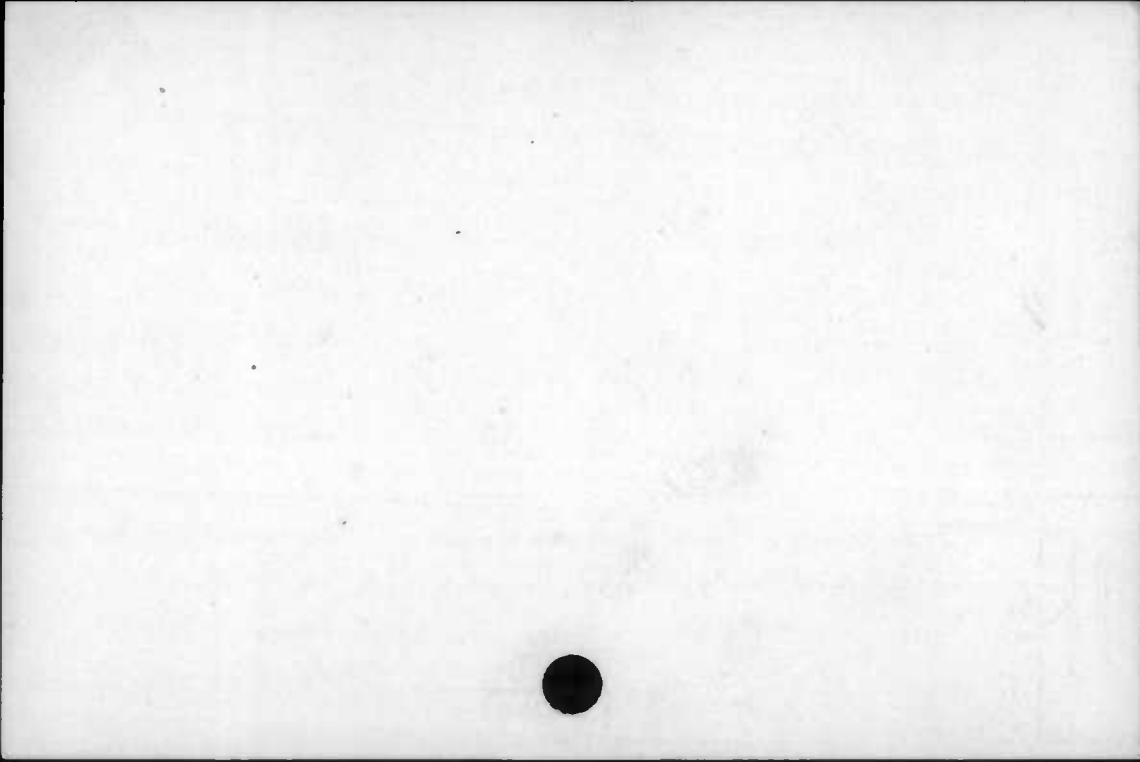
Immediate *Dont know* How long *Dont know*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Calderice*

Address *Mar del Springs, Md*

Accident or Suicide? *Accident*



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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name *Samuel C. Cordrey* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Date of death *1908* Month *Sept.* Day *3rd* Age *68* Years Months *2* Days *11*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death *Salisbury Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Jane Cordrey*

Father's Name *Samuel Cordrey* Father's Birthplace *Md.*

Mother's Maiden Name *Margaret Ellingsworth* Mother's Birthplace *Del.*

Name of person giving Information *J. H. Tomlinson* How related to deceased *Son in law*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

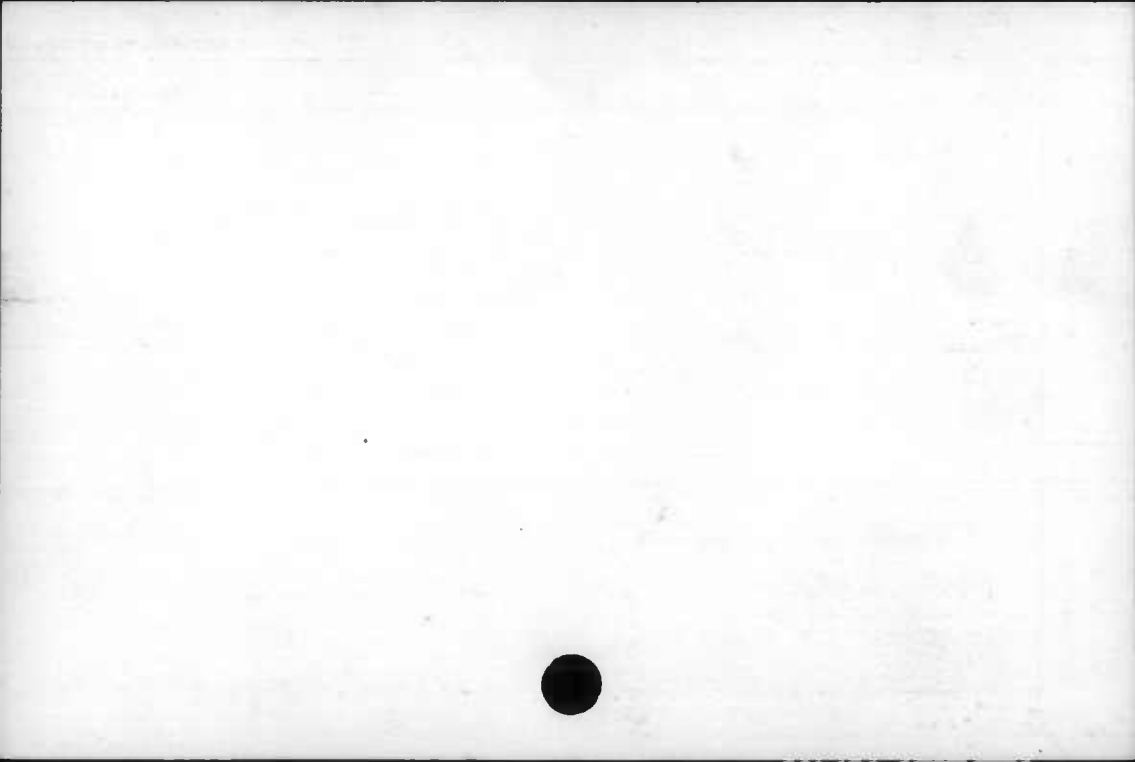
Primary *Chronic Heart Disease* How long *several years*

Immediate *died suddenly, was found dead in bed* How long *short time*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Louis W. Reunis M.D.* Address *Salisbury Md.*

Accident or Suicide



Name
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Oremiah Davis

CERTIFICATE OF DEATH

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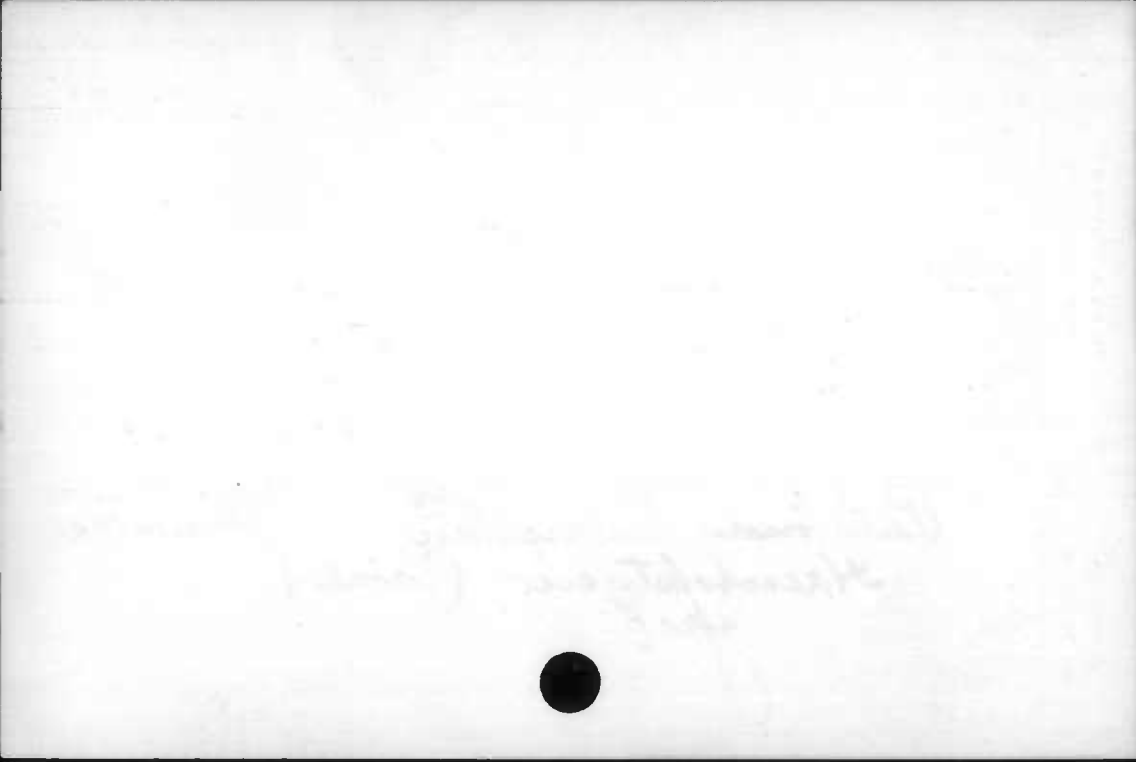
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>Sept</u>	Day <u>13</u>	Age <u>76</u> Years	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or <u>Widowed</u>		Name of Wife or <u>Julia Davis</u> Husband			
Father's Name <u>Littleton Davis</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>Julia Davis</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long
Immediate <u>Cerebral Apoplexy</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. B. Patten</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide	



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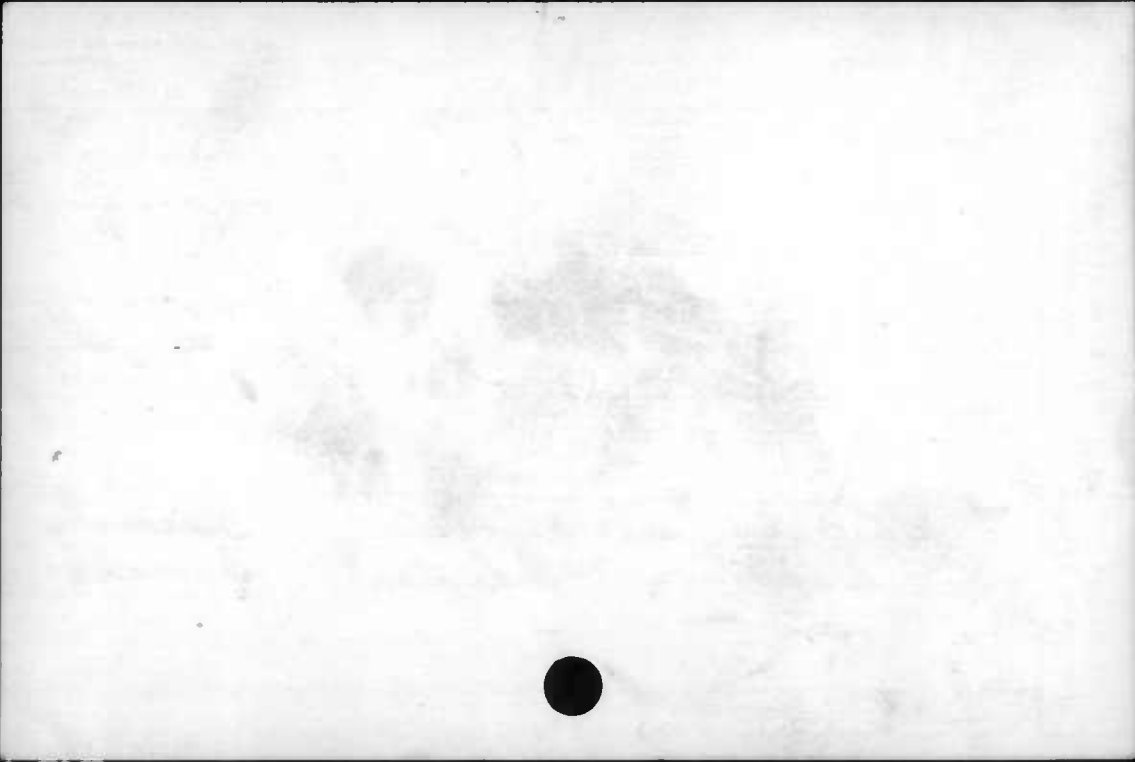
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	15	67			
Sex		Color or Race		Birthplace			
Male		Colored		Maryland			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married		Catherine Wheeler					
Father's Name		Father's Birthplace					
John W. Garrison		"					
Mother's Maiden Name		Mother's Birthplace					
Lakely Backus		"					
Name of person giving Information		How related to deceased					
Charley Garrison		Son					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 months
Immediate	Haemoptysis (Fatal)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		DR. EDWARD E. LAMKIN,	
		Address	
		NANTICOKE, MD.	
Accident or Suicide			



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

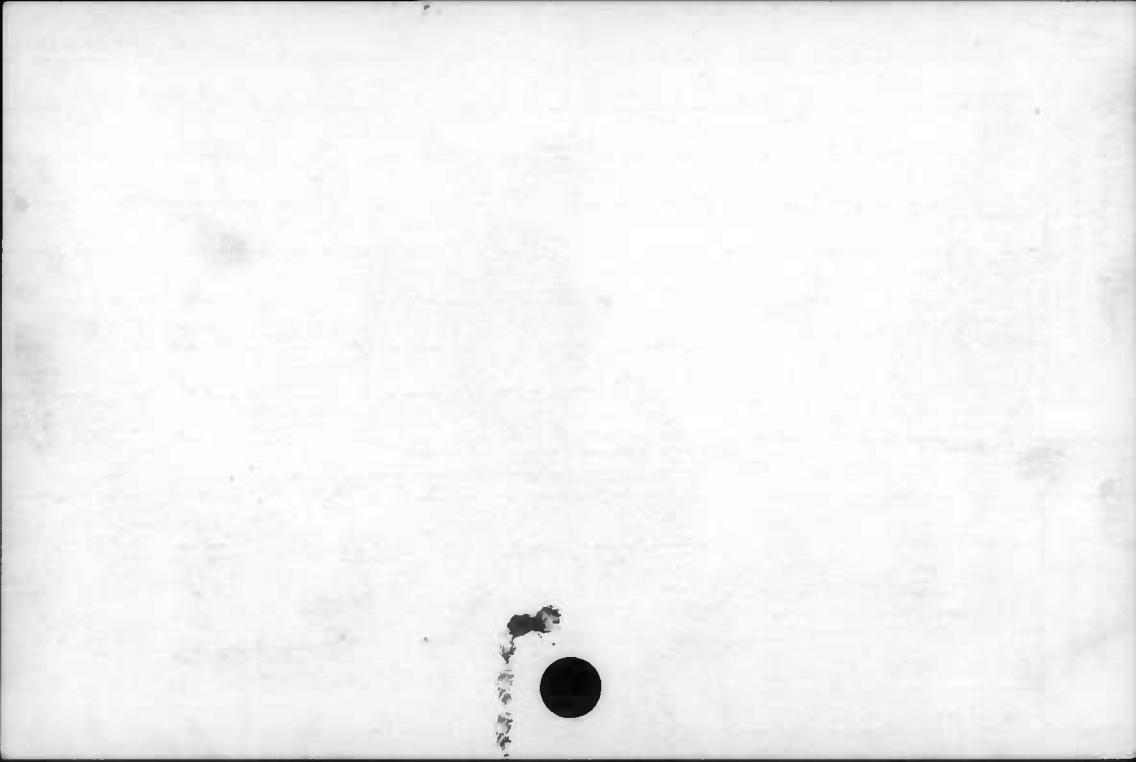
Birchell H. Hardy
Town *Nanticoke* County *Wicomico*
Died at
Date of death 1908 Month *Sept* Day *13* Age *4* Years Months *11* Days
Sex *Male* Color or Race *colored* Birth-place *Maryland*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Albert Hardy* Father's Birthplace _____
Mother's Maiden Name *Bethune Willard* Mother's Birthplace _____
Name of person giving Information *Albert Hardy* How related to deceased *Father*

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary *General Tuberculosis* How long *3 months*
Immediate *Diarrhoea and Exhaustion* How long *3 weeks*
Are the name, age, sex, color, data and place correctly given above? *—*
Signature of Physician *DR. EDWARD E. LAMKIN,*
Address *NANTICOKE, MD.*
Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry P Henry
Died at Salisbury Town Wisconsin County MARYLAND
Date of death 190 8 Month Sept Day 7 Age 1 Years 7 Months 1 Days
Sex male Color or Race Black Birth-place N Y
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Infant Name of Wife or Husband Infant
Father's Name Harry L Henry Father's Birthplace MD
Mother's Maiden Name Mary E Black Mother's Birthplace MD
Name of person giving Information Mary E Henry How related to deceased Mother

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

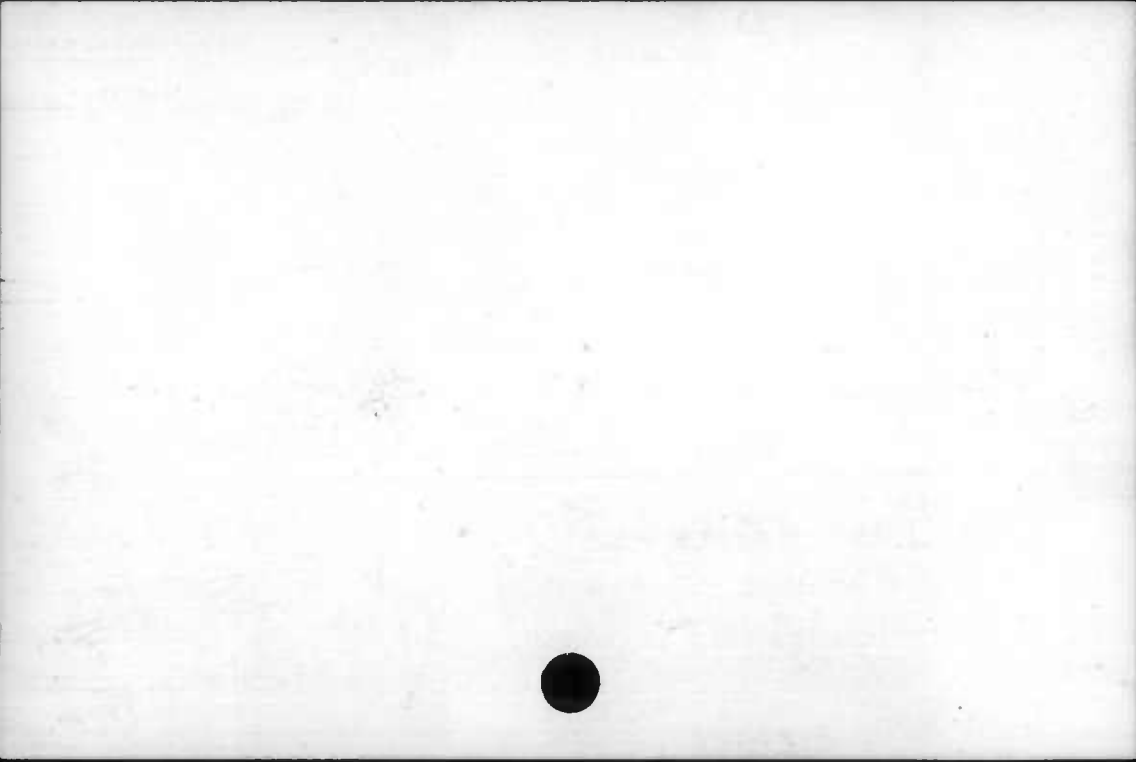
Primary Feething How long 2 months
Immediate Diarrhea How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Charlotte Hyland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williams Branch</i>		Town <i>Williams Branch</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>9th</i>		Age <i>66</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Hyland</i>					
Father's Name <i>Parker</i>		Father's Birthplace <i>"</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>John Hyland</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Plethysis</i>	How long <i>Don't know</i>
Immediate <i>Pneumonia</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Nancy C. Hill</i>
Address <i>Salisbury, Md</i>	
Accident or Suicide <i>No</i>	



Name
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Full

CERTIFICATE OF DEATH

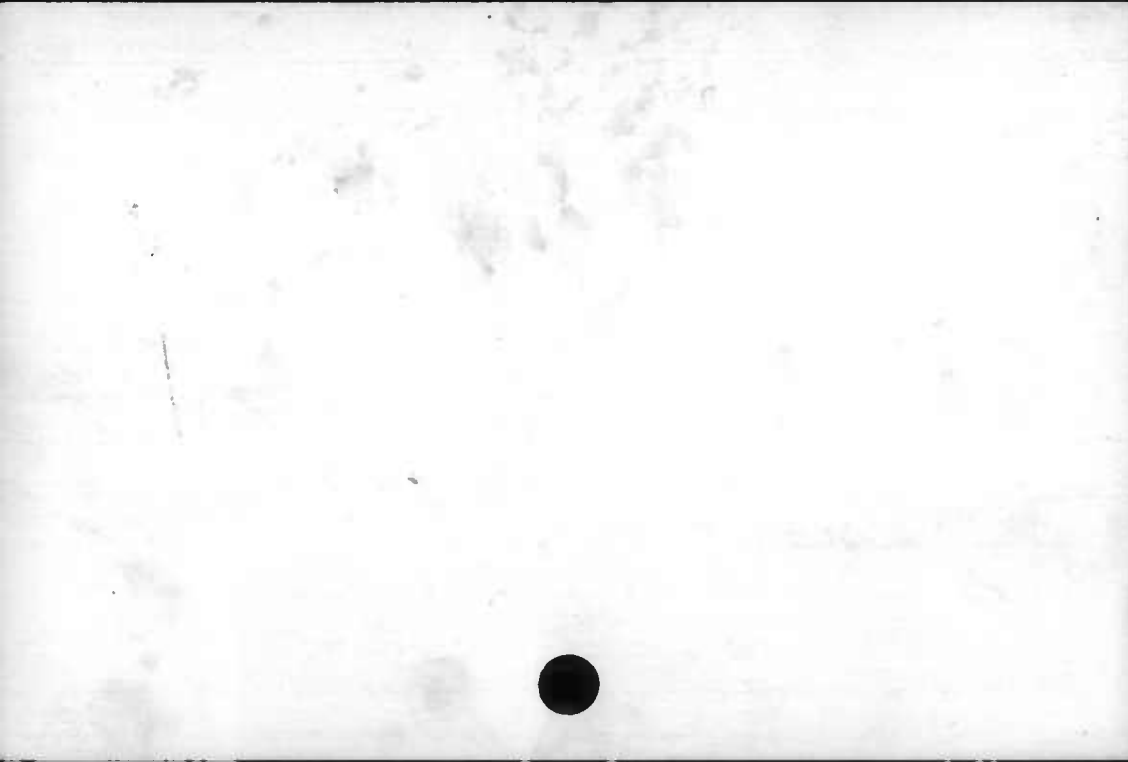
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Allie Mellett</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>P.G. Hospital</i>		Month <i>Sept.</i>		Day <i>19</i>		Age <i>14</i>	
Date of death <i>1908</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fulton Co. Pa.</i>			
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>Westover Somerset Co. Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Dayton Mellett</i>		Father's Birthplace <i>Dayton Co. Ohio</i>					
Mother's Maiden Name <i>Emma L. Derty</i>		Mother's Birthplace <i>Fulton Co. Ohio</i>					
Name of person giving Information <i>Dayton Mellett</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery from</i>	How long <i>3 weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Davis</i>
<i>As far as I know</i>	Address <i>Salisbury, Md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

James E. Moore

CERTIFICATE OF DEATH

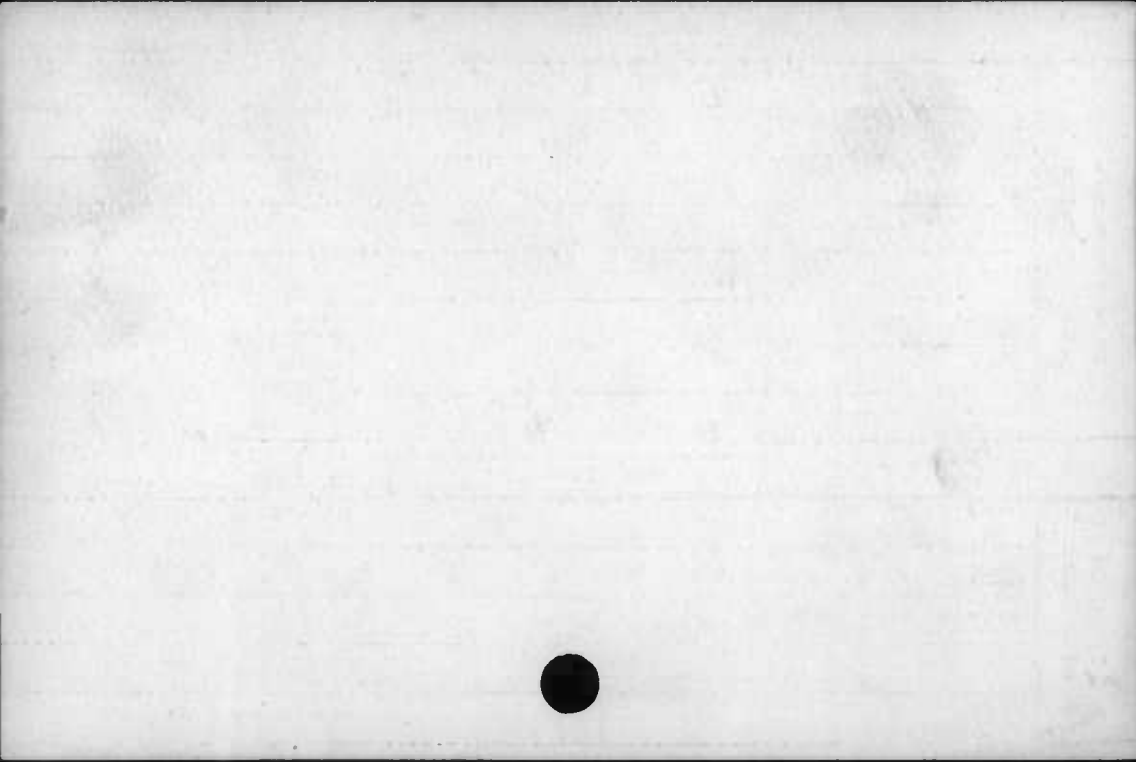
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Delmar		County Wicomico		MARYLAND	
Date of death	1908	Month Sept	Day 12 th	Age 6-8	Years	Months 4	Days
Sex	Male		Color or Race	White		Birth- place	Delaware
Occupation	Merchant			Where Residing if not at place of death Delmar			
Married, Single or Widowed	Married		Name of Wife or Husband Mary A. Moore				
Father's Name	Walter Moore					Father's Birthplace	Delaware
Mother's Maiden Name	Collis Henry					Mother's Birthplace	Delaware
Name of person giving In formation	Mary A. Moore					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	28 days
Immediate	Perforation of bowels	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician James Brayshaw		
	Address Delmar Sussex County Delaware		
Accident or Suicide?			



Name
in
Full

Eben H Parker

CERTIFICATE OF DEATH

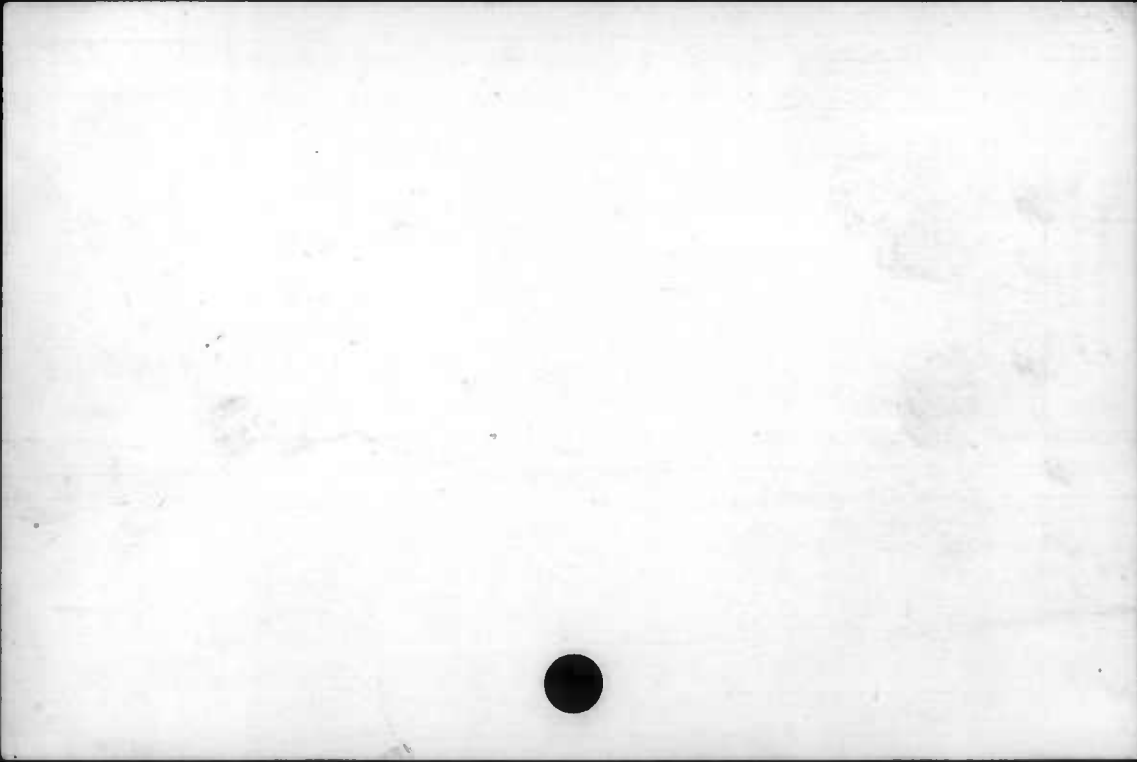
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Parsonsburg		Wicomico					
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	25	56	5		2
Sex		Color or Race		Birthplace			
male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
		Laura E Parker					
Father's Name				Father's Birthplace			
James Parker				Md			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Kelley				Md			
Name of person giving Information				How related to deceased			
James Parker				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	19 Days
Immediate	Heart Failure	How long	24 to 36 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Geo. H. Spritt
yes		Address	Parsonsburg, Wicomico Co., Md.
Accident or Suicide			



Name
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Ardilla Roberts

CERTIFICATE OF DEATH

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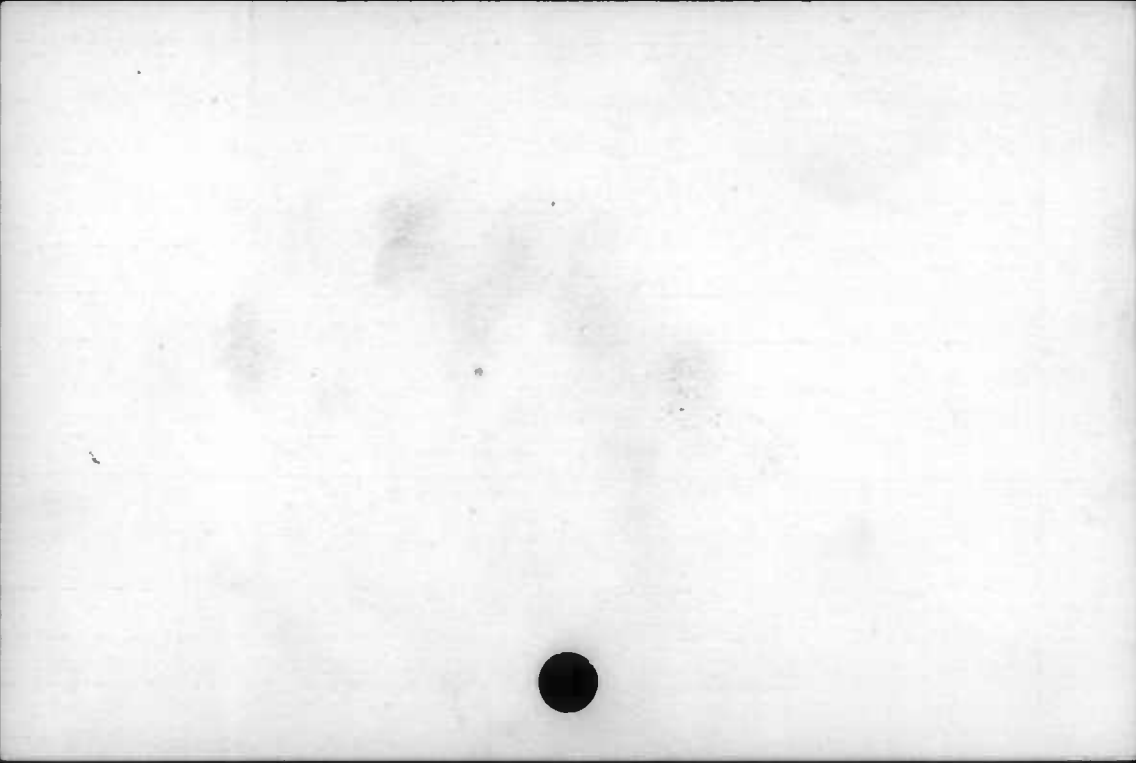
Died at <i>near Sharplown</i>		Town <i>Sharplown</i>		County <i>Marion</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>1</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>Dorchester Co</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Elias Roberts</i>					
Father's Name <i>Daniel Samson</i>			Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Sarah Quinton</i>			How related to deceased <i>Woman</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Angitis.</i>	How long <i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. N. Gassaway</i>
	Address <i>Sharplown Md.</i>
Accident or Suicide?	



Name
in
Full

Ernie L. Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Whiton</i>		Town <i>Whitons</i>		County <i>Whitons</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	9	Age	21
Sex	Female		Color or Race	White		Birth-place	Virginia
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Edward Shockley			
Father's Name	Thomas Lwinbrow		Father's Birthplace	Near Whiton			
Mother's Maiden Name	Annie Parker		Mother's Birthplace	Near Whiton			
Name of person giving Information	Sarah M Brittingham		How related to deceased	Cousin			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	12 hours
Immediate	Septicemia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Charles A Holland	
Address		Whaleyville Md	
Accident or Suicida		9	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Typhoid</i> Town		<i>Wicomico</i> County		MARYLAND
	Date of death <i>1908</i>	<i>Sept</i> Month	<i>4</i> Day	<i>17</i> Years	<i>7</i> Months
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>		
	Occupation _____		Where Residing if not at place of death _____		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____			
	Father's Name <i>John R Taylor</i>	Father's Birthplace <i>"</i>			
	Mother's Maiden Name <i>Ella R Sprimore</i>	Mother's Birthplace <i>"</i>			
Name of person giving information <i>Minnie L Messick</i>		How related to deceased <i>Aunt</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>		How long	<i>5 weeks</i>
	Immediate	<i>Exhaustion</i>		How long	_____
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. Betts, Jr., M.D.</i>		
	Accident or Suicide? <i>No</i>		Address <i>Buwalde, Md</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

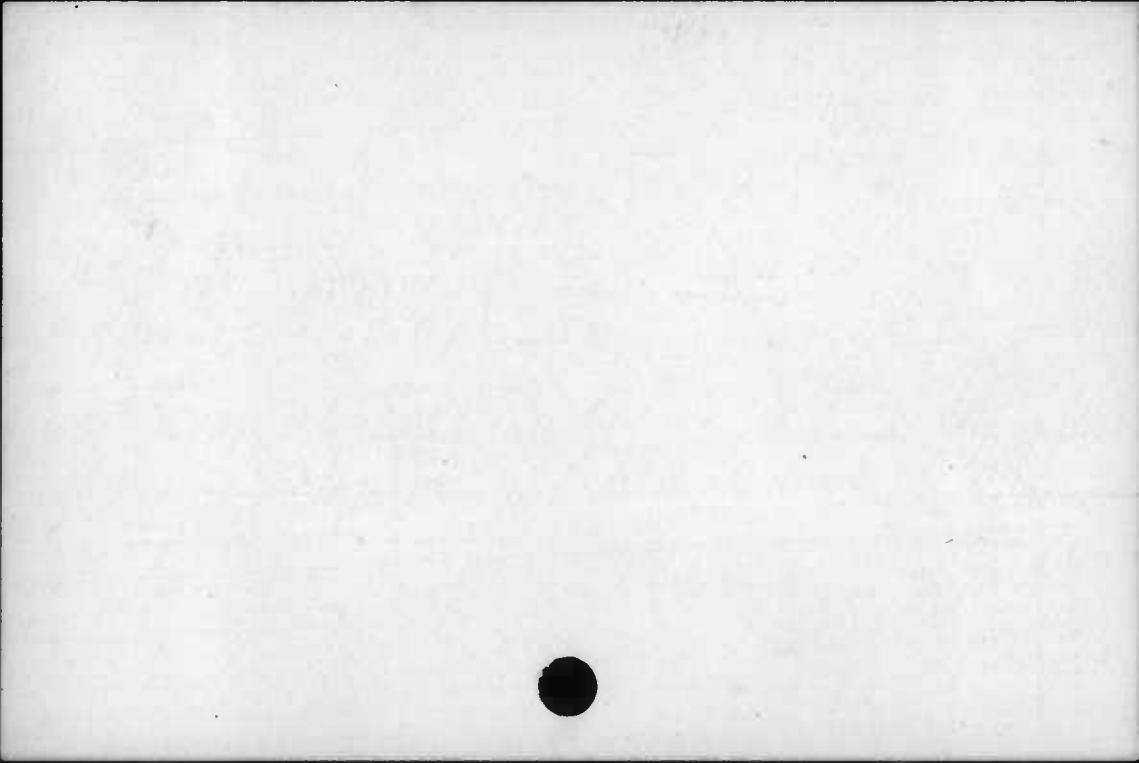
Died <i>Mar 24</i>		Town <i>Quantico</i>		County <i>Greene</i>		MARYLAND	
Date of death <i>1901</i>	Month <i>2</i>	Day <i>27</i>	Age <i>8</i>	Years <i>8</i>	Months <i>2</i>	Days <i>2</i>	
Sex <i>F.</i>		Color or Race <i>Col.</i>		Birth-place <i>Mar. Quantico</i>			
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/> Single		Name of Wife or Husband					
Father's Name <i>George Wilson</i>				Father's Birthplace <i>Mar. Quantico</i>			
Mother's Maiden Name <i>W. W. W.</i>				Mother's Birthplace <i>Mar. Quantico</i>			
Name of person giving information <i>George Wilson</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. H. H.</i>
	Address <i>Quantico</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

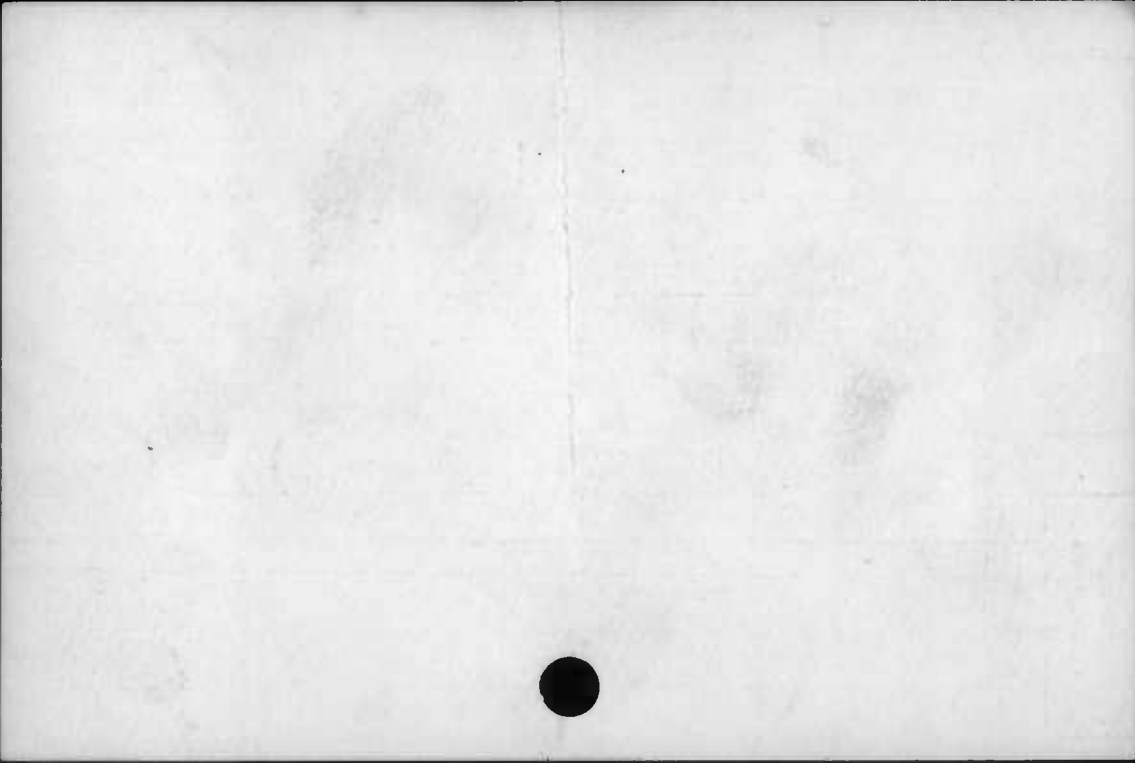
Died at <i>Quartice</i> Town		<i>Wisconsin</i> County		MARYLAND	
Date of death	190 <i>8</i>	Month <i>9</i>	Day <i>17</i>	Age <i>2</i> Years	Months <i></i> Days <i></i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Quartice Md</i>		
Occupation <i></i>	Where Residing if not at place of death <i>Quartice Md</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Dan Stephen Kinder</i>	Father's Birthplace <i>Quartice</i>				
Mother's Maiden Name <i>Lucile Jones</i>	Mother's Birthplace <i>Calisburg</i>				
Name of person giving information <i>Dan Stephen Kinder</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Shot wound</i>	How long <i>1 hour</i>
Immediate <i>Hemorrhage died</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. H. Lynch</i>
<i></i>	Address <i>Quartice Md</i>
Accident <i>✓</i> Suicide? <i></i>	<i></i>



Name
in
Full

Alton C. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town, Wicomico County, MARYLAND

Date of death 1908 Month Sept. Day 18th Age 0 Years 0 Months 10 Days 22

Sex Male Color or Race White Birth-place Fruitland Md.

Occupation None Where Residing if not at place of death

Married, Single Single or Widowed Name of Wife or Husband None

Father's Name John F. Thomas Father's Birthplace Deals Island Md.

Mother's Maiden Name Emma Ryall Mother's Birthplace Fruitland Md.

Name of person giving Information John F. Thomas How related to deceased Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

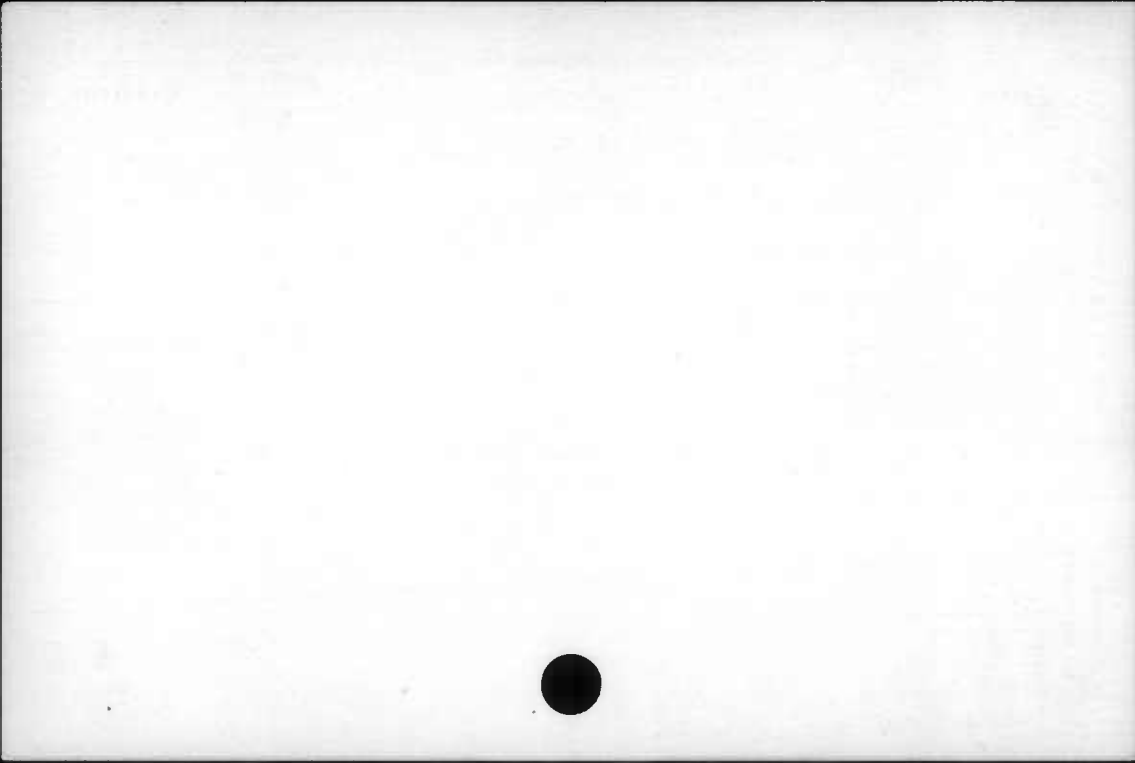
Primary Enterocolitis 105 How long 4 Mo

Immediate " How long

Are the name, sgs, sex, color, date and place correctly given above? Yes

Signature of Physician Harry O. Reed
Address Salisbury Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept	8	Age	26		
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	James A. Willing		
Father's Name	James H. Driskell			Father's Birthplace	Ind.		
Mother's Maiden Name	Hester C. Smith			Mother's Birthplace	Ind.		
Name of person giving Information	James A. Willing			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute tuberculosis		How long	6 mos
Immediate	Heart failure & weakness		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes			27 Gardiner Spring Baltimore Md.	
Accident or Suicide		no		

